160 2nd Street South P.O. Box 674 Albany, MN 56307 Phone: 320-845-2011

Holy Family School



Preschool Registration Form

(Include \$100 Downpayment towards 2024-2025 Tuition)

CHILD'S NAME (FIRST, MIDDIE, LAST	i)	BIRTHDATE	PA	RISH BAPTIZED	PARISH	GENDER	
FATHER'S INFO:			MOTHER'S INFO:				
PARENT NAME:							
STREET ADDRESS:							
CITY, STATE, ZIP:]				
CELL PHONE:							
WORK PHONE:			-				
EMAIL ADDRESS:			-				
PLACE OF EMPLOYMENT:			-				
PARISH / RELIGION:							
CHILDREN LIVE WITH:	Both Parents	_ Dad	Mor	n Guardia	n		
EMERGENCY CONTACT:	(Name)			(Phone)			
ADDRESS:							
Please indicate your cla	ss preference by numbe	r 1-2-3 (all pro	grar	ns dependent on 6	enrollment nu	mbers)	
All Day Pre-K Readiness - M	londay-Friday (8:00-2:40) 4 8	5 year olds - \$4	485 բ	per month/\$4365 pe	er year		
All Day Preschool - Monday,	Wednesday, Friday (8:00-2:4	10) 3-5 year olds	s - \$3	340 per month/\$306	0 per year		
Half-Day Peschool - Tuesday and Thursday (8:00-11:00) 3-5 year olds - \$130 per month/\$1170 per year							
Please indicate here and not	te if another Preschool option	is preterred.					
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To assist us in our financial planning,	, please indicate your payme	nt plan:					
Pay in full by Sept. 27, 2024	Pay half by Sept. 27, 2024 and the balance by Jan. 24, 2025		1st	/ in 9 month installm of the month, begin 24, and completed N	ning Sept. 1,		
Pay in 12 month installments beginning July 1, 2024 and c	s, due the 1st of the month,		We	(I) would like an ap cuss our financial co y Family School.	pointment to		

Over

AGREEMENT

In consideration of Holy Family Preschool, sponsoring a preschool	I program for nine months and in further consideration	of
acceptance of application for (child's name) to pay the mininum tuition investement of \$ for the 202	, I (parent)	agree
to pay the mininum tuition investement of \$ for the 202 \$100 application downpayent will be applied to the September stat - June 30). If tuition is not current at the time of registration in sprin their financial commitment, they will not be allowed to register. Reg who withdraw during the school term are responsible for the prorat	tement. All tuition must be paid within the fiscal schooling or the family has not met with the Principal or Pastor gistration at a later date will be contingent upon space.	term (July 1 r to discuss
We (I) agree to meet this financial commitment in accordance with legal and binding document.	the payment plan selected above. We (I) understand t	this is a
Parent/Guardian Signature.	 Date	
School Offiicial Signature	 Date	
Physical Health forms for all new children should be returned any t	time prior to the first day of school.	
Please note any health concerns:		

Please return this form, along with the completed Immunization form, busing form and registration downpayment fee of \$100.